



Issue Classification 	Application No.	Applicant(s)	
	09/832,715 Examiner	STENERSEN ET AL. Art Unit	
	Bruce F. Bell	1746	

ISSUE CLASSIFICATION												
ORIGINAL					CROSS REFERENCE(S)							
CLASS	SUBCLASS				CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
429	19				429	12	30	33	34			
INTERNATIONAL CLASSIFICATION					96	153	154	380	381	383	132	134
H	0	1	M	8/18								
				/								
				/								
				/								
				/								
										Total Claims Allowed: 19		
(Assistant Examiner) (Date)					Bruce F. Bell					O.G. Print Claim(s)		
<i>Annex 1-83</i> (Legal Instruments Examiner) (Date)					(Primary Examiner) (Date) <i>Bruce F. Bell 11/8/04</i>					10		
										1		

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	31	61	91	121	151	181
2	2	32	62	92	122	152	182
3	3	33	63	93	123	153	183
4	4	34	64	94	124	154	184
5	5	35	65	95	125	155	185
6	6	36	66	96	126	156	186
7	7	37	67	97	127	157	187
8	8	38	68	98	128	158	188
9	9	39	69	99	129	159	189
10	10	40	70	100	130	160	190
11	11	41	71	101	131	161	191
12	12	42	72	102	132	162	192
13	13	43	73	103	133	163	193
14	14	44	74	104	134	164	194
15	15	45	75	105	135	165	195
16	16	46	76	106	136	166	196
17	17	47	77	107	137	167	197
18	18	48	78	108	138	168	198
19	19	49	79	109	139	169	199
20	20	50	80	110	140	170	200
21	21	51	81	111	141	171	201
22	22	52	82	112	142	172	202
23	23	53	83	113	143	173	203
24	24	54	84	114	144	174	204
25	25	55	85	115	145	175	205
26	26	56	86	116	146	176	206
27	27	57	87	117	147	177	207
28	28	58	88	118	148	178	208
29	29	59	89	119	149	179	209
30	30	60	90	120	150	180	210

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	Examiner	Art Unit	
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CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)							
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				/								
				/								
					Total Claims Allowed: 19 O.G. Print Claim(s) O.G. Print Fig. 10 1							
----- (Assistant Examiner) (Date)					Bruce F. Bell (P. Primary Examiner) (Date)							
(Legal Instruments Examiner) (Date)												

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91		121		151		181		
2	2		32		62		92		122		152		182		
3	3		33		63		93		123		153		183		
4	4		34		64		94		124		154		184		
5	5		35		65		95		125		155		185		
6	6		36		66		96		126		156		186		
7	7		37		67		97		127		157		187		
8	8		38		68		98		128		158		188		
9	9		39		69		99		129		159		189		
	10		40		70		100		130		160		190		
10	11		41		71		101		131		161		191		
	12		42		72		102		132		162		192		
11	13		43		73		103		133		163		193		
12	14		44		74		104		134		164		194		
13	15		45		75		105		135		165		195		
14	16		46		76		106		136		166		196		
15	17		47		77		107		137		167		197		
16	18		48		78		108		138		168		198		
17	19		49		79		109		139		169		199		
18	20		50		80		110		140		170		200		
19	21		51		81		111		141		171		201		
	22		52		82		112		142		172		202		
	23		53		83		113		143		173		203		
	24		54		84		114		144		174		204		
	25		55		85		115		145		175		205		
	26		56		86		116		146		176		206		
	27		57		87		117		147		177		207		
	28		58		88		118		148		178		208		
	29		59		89		119		149		179		209		
	30		60		90		120		150		180		210		